

variables (age, marital status, education, employment, income, comorbidity), older age, widowhood, lower education, retirement, and comorbidity (Charlson > 2), were associated with lower QoL (all $p < 0.05$). In multivariate analyses, all patient-related variables explained 18–21% of the variance in scores. With the addition of disease-related variables (treatment with radical prostatectomy, radiation, or hormones; metastases, Gleason score at diagnosis), the model explained 21–25% of the variance. Patients currently on hormone treatment had lower PORPUS-Ui and HUI3 scores than patients treated with hormones in the past or never ($p < 0.05$). System-related variables (year and county of diagnosis) contributed little to the explained variance (1–3%). Symptom-related variables (PCI urinary, sexual, bowel function) were the strongest predictors of QOL (explaining 47–70% of the variance). **CONCLUSION:** Symptoms related to PC and its treatment have large effects on the QoL of PC survivors. Although many variables are associated with QoL, only prostate symptoms and comorbidity have independent effects.

PCN65

HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH STAGE III OR IV FOLLICULAR LYMPHOMA RECEIVING 90Y-IBRITUMOMAB TIUXETAN FOLLOWING FIRST-LINE CHEMOTHERAPY

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OBJECTIVE: A multicenter phase III trial showed patients with stage III or IV follicular lymphoma who achieved a partial or complete remission after first-line treatment receiving 90Y-ibritumomab tiuxetan had significantly longer PFS time as compared to similar patients receiving no treatment. The objective of this study was to determine the impact of 90Y-ibritumomab tiuxetan on health-related quality of life. **METHODS:** Health-related quality of life was assessed using EORTC QLQ-C30 version 2 and EuroQoL-5D (EQ-5D) questionnaires. These questionnaires were administered at screening, week 14 and every 6 months thereafter and finally at end of follow-up. Descriptive statistics were used to compare scores across treatment groups. The change in scores from baseline was also assessed by gender, age and first-line treatment. Mixed effects model was used to assess the factors that were associated with final scores of Visual Analogue Scale (VAS) of EQ-5D. **RESULTS:** No notable treatment differences were observed in the scores of EORTC QLQ-C30 (all domains) scores across timepoints or changes from baseline. This result was true for all sub-groups. The mean scores for EQ-5D at screening and final visit were 0.83 and 0.84 for 90Y-ibritumomab tiuxetan and 0.84 and 0.83 for control arm. The mean VAS scores at screening and final visit were 77.52 and 77.64 for 90Y-ibritumomab tiuxetan and 76.57 and 78.51 for control arm. An analysis of factors associated with final VAS scores showed that baseline VAS scores affected final VAS scores ($p < 0.0001$). **CONCLUSION:** There appears to be no difference in quality of life for patients on 90Y-ibritumomab tiuxetan as compared to those in control arm as measured by EORTC QLQ C-30 and EQ-5D questionnaires. 90Y-ibritumomab tiuxetan prolongs PFS without impacting the health-related quality of life of patients.

WITHDRAWN

PCN66

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PCN67

PCN68

HOUSEHOLD INCOME AS A PREDICTOR OF PSYCHOLOGICAL WELL-BEING AMONG LONG-TERM COLORECTAL CANCER SURVIVORS

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OBJECTIVE: To quantify the impact of disease and its treatment on patient-reported well-being, it is important to consider the patient's economic circumstances. This study explored the relationship between annual household income and health-related psychological well-being among insured, long-term (>five years) colorectal cancer (CRC) survivors with and without permanent intestinal stomas. **METHODS:** This is a secondary analysis of data collected as part of an NCI-funded study of health-related quality of life (HRQOL) among CRC survivors, in which 681 respondents (52% response rate) completed a survey instrument that included the modified City of Hope Quality of Life (mCOH-QOL)–Ostomy questionnaire, SF-36 v2, and socio-demographic items. Of these, 588 subjects provided income data and were included in this analysis. The mCOH-QOL–Ostomy is based on a four-dimension model of HRQOL (physical, psychological, social, and spiritual well-being). For this analysis, the dependent variable was the psychological well-being (PWB) score. Hierarchical linear regression was used to explore the unique contribution of income to the total variance of PWB over and above the model that included the following independent variables: self-reported physical health (SF-36v2 PCS), co-morbidity (Charlson-Deyo), age, sex, race/ethnicity, education, partnered status, and presence of an ostomy. **RESULTS:** After accounting for the proportion of variance in PWB explained by the other independent variables, the additional variance explained by income was significant (R^2 increased from 0.228 to 0.250; $p = 0.006$). When compared to those in the highest household income category (>\$100,000), subjects in the lowest income category (<\$5000) had a clinically meaningful 0.82 point lower PWB score on the 11-point scale. Significant positive predictors of PWB were PCS score, age, and absence of an ostomy. **CONCLUSION:** Although the study design does not allow causal inference, these results demonstrate a significant relationship between income and PWB that merits further consideration when attempting to interpret patient-reported outcomes, particularly HRQOL.

PCN69

QUALITY OF LIFE IMPACT OF HOT FLUSHES IN MEN RECEIVING TREATMENT FOR PROSTATE CANCER

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OBJECTIVE: To provide qualitative data on the men's experience, impact and relative importance of hot flushes as a result of prostate cancer therapies, with an emphasis on gonadotropin-releasing hormone (GnRH) agonists. **METHODS:** A qualitative study applying a non-probabilistic purposive sampling strategy. Participants were over 50 years old with histologically confirmed adenocarcinoma of the prostate, had recently initiated (≤ 6